

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/631857

APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP.	IND	DEP.	IND	DEP.
1	/	/	/	/	/	/
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8	/	/	/	/	/	/
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10	/	/	/	/	/	/
11	10	10	10	10	10	10
12	10	10	10	10	10	10
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TOTAL IND.	29		20		21	
TOTAL DEP.	20		23		23	
TOTAL CLAIMS	50		53		53	

CLAIMS	IND	DEP.	IND	DEP.	IND	DEP.
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